

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101586,677

FILING DATE

7-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
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49						
50						
TOTAL IND.	2		↓		↓	
TOTAL DEP.	27	←	←		←	
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						